



Virginia Department of Game and Inland Fisheries  
COMPLEMENTARY WORK FORCE VOLUNTEER APPLICATION  
*Mission Forward: Mission Minded*

(Please complete the application below, or visit us online to apply at: [www.dgif.virginia.gov/volunteer](http://www.dgif.virginia.gov/volunteer))

LAST NAME FIRST NAME MIDDLE INITIAL

PREFERRED NICKNAME DATE OF BIRTH MALE/FEMALE

MAILING ADDRESS:

CITY STATE ZIP CODE

COUNTY OF RESIDENCE AND D.G.I.F. REGION (if known) EMAIL ADDRESS

HOME PHONE ( ) WORK ( ) CELL ( )

OCCUPATION: RETIRED? (yes/no)

EMPLOYER/SCHOOL NAME:

EDUCATION: (YRS.) DEGREE:

SPECIAL SKILLS OR LICENSES:

VOLUNTEER/PAID EXPERIENCE:

ARE YOU INTERESTED IN: (Please check all that apply)

Trout Stocking Permit Inspections Wildlife Damage Inspections Staffing Exhibits  
Waterway Marker Inspections Region Office Assistance Programs/Presentations Public  
Information Desk Equipment Repair/Maintenance Other (if other, please feel free to list activities  
or services you could render to the Department)

AVAILABILITY? Daily Weekly Monthly Occasionally Special Projects Seasonally  
Please estimate. How many hours a year are you interested in volunteering?  
Don't know 10-50 51-100 100-200 More Will vary

ARE YOU WILLING TO SUBMIT TO A BACKGROUND CHECK PRIOR TO BEGINNING YOUR  
VOLUNTEER ASSIGNMENT? (yes/no) NOTE: YOU MAY BE ASKED TO PROVIDE FURTHER  
IDENTIFYING INFORMATION AND PERSONAL REFERENCES AS PART OF THIS PROCESS.

Please direct any questions or comments about the program to: Susan Alger, VDGIF Complementary Work Force  
Volunteer Coordinator, P.O. Box 481, Herndon, VA 20172, [Susan.Alger@dgif.virginia.gov](mailto:Susan.Alger@dgif.virginia.gov), TEL. (703) 481-2102